

Name
in
Full

Maudie Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hillview</u>		Town	County <u>Calvert</u>		MARYLAND	
Date of death <u>1905 Dec</u>	Month <u>Dec</u>	Day <u>31</u>	Years <u>4</u>	Age <u>4</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>Cal. lev.</u>		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name <u>Hayne Brooks</u>			Father's Birthplace <u>Cal. lev.</u>			
Mother's Maiden Name <u>Rosella Sewell</u>			Mother's Birthplace " "			
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burns on body

How long

12 hrs

Immediate

Shock

How long

Are the name, age, sex, color, date and place correctly given above?

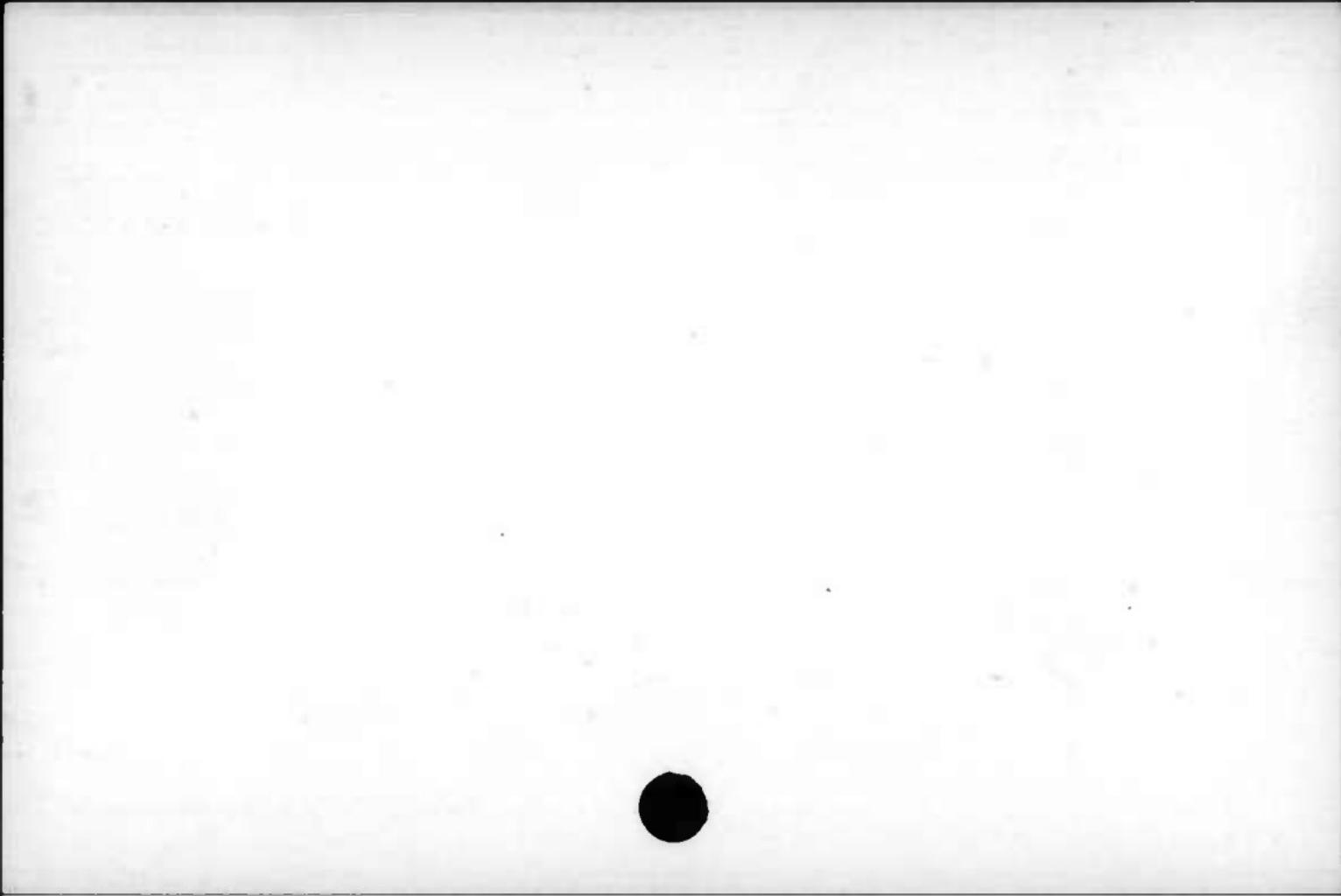
Signature of Physician

Yes

Address

J.W. Heilich
Mountgomery Md.

Accident or Suicide?



Name
in
Full

Viola Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Huntington, Calvert		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	one	30	Age	11	
Sex	Female	Color or Race	Black	Birth-place	Cal. less.
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Levi Chase			Father's Birthplace	Cal. less.
Mother's Maiden Name	Alvartsa Coats			Mother's Birthplace	" "
Name of person giving information	Charlie MacRae			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping Cough

How long

2 weeks

Immediate

Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

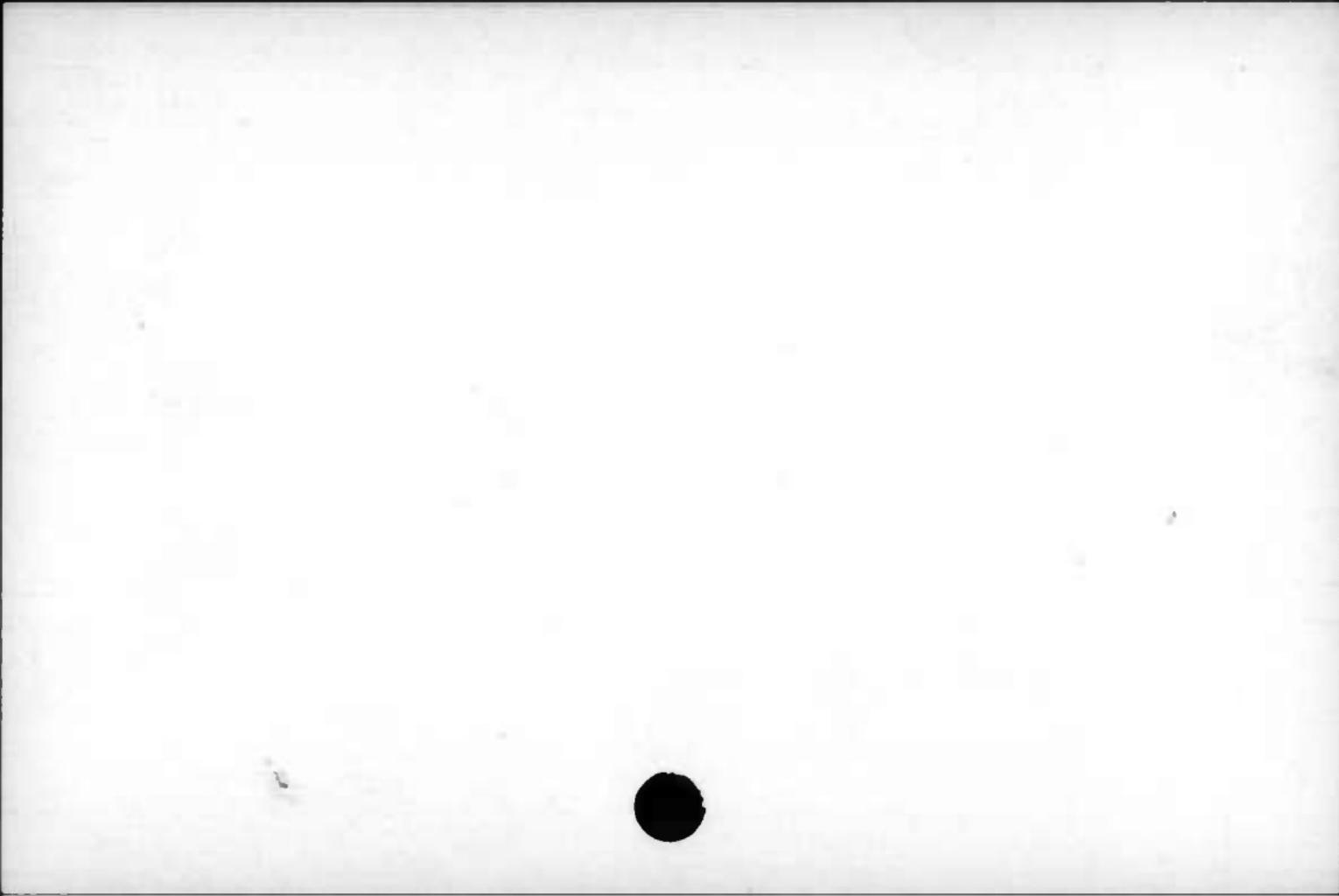
yes

Signature of Physician

Address

J. W. Leitch
Huntingtown
Md.

Accident or Suicide?



Name
in
Full

Elijah R Crawford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County
Died at Plum Point	Calvert
Date of death 1905 Dec 21	Years Age 81
Month	Days
Sex male	Color or Race white
Occupation Farmer	Where Residing if not at place of death
Married, Single or Widowed	Name of Wife or Husband Emily Crawford
Father's Name George Crawford	Father's Birthplace Cal. lev.
Mother's Maiden Name	Mother's Birthplace
Name of person giving information	How related to deceased
Ollie Ireland	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Intracranial hemorrhage How long 4 days

Immediate Paralysis How long

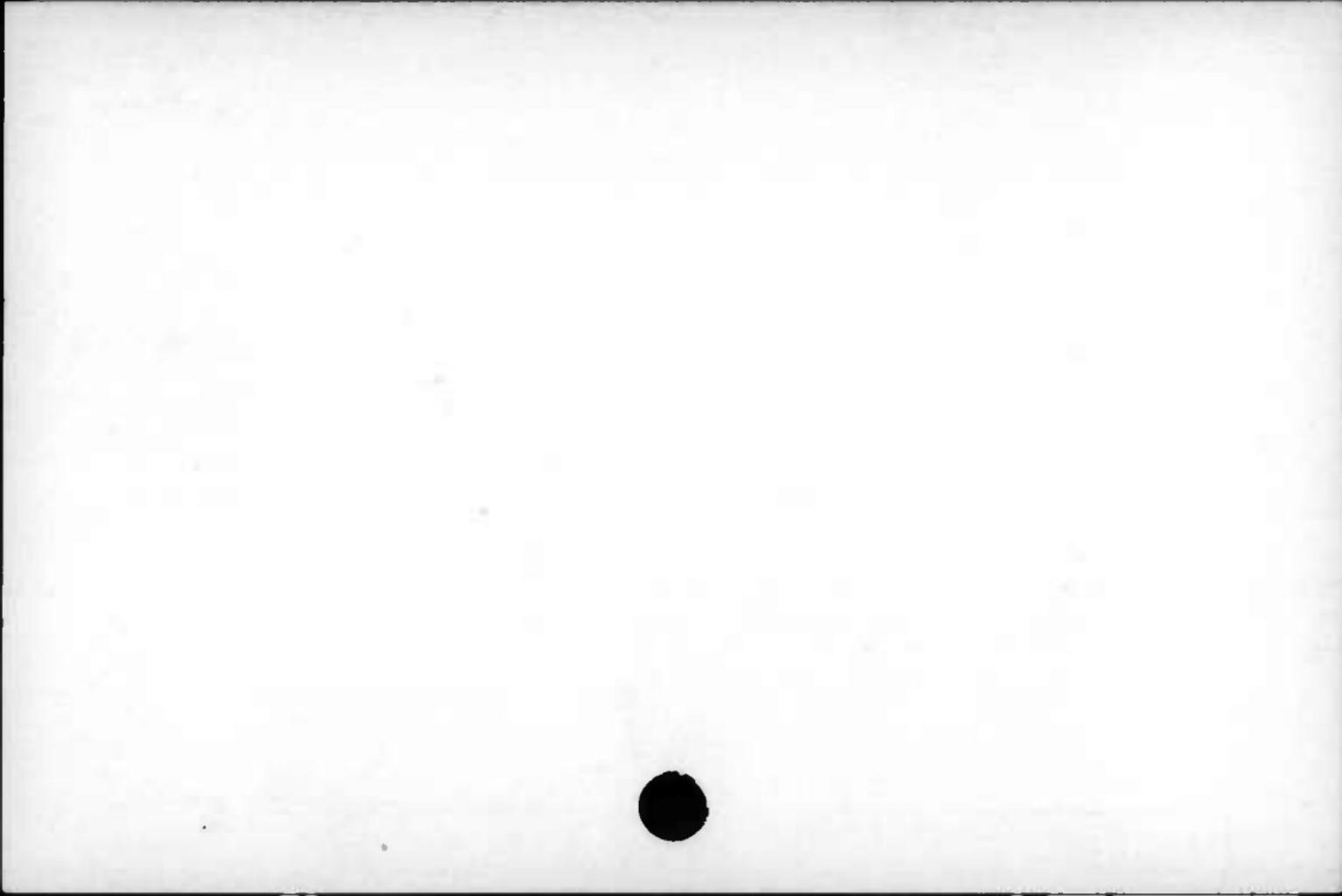
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Fitch
Huntington
Md.

Accident or Suicide?



Name
in
Full

Sarah J. Crawford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Huntington		County Calvert		MARYLAND	
Date of death 1905	Month Dec.	Day 11	Years Age 62	Months	Days
Sex Female	Color or Race white	Birth-place Cal. Leo.			
Occupation wife	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband James M. Crawford	Father's Birthplace Cal. Leo.			
Father's Name John Drury	Mother's Birthplace " "				
Mother's Maiden Name Sarah Delane	How related to deceased Son				
Name of person giving information F.B. F. Crawford					

CAUSES OF DEATH

Primary Chronic Arthritis Dystrophic

How long 12

Immediate Suppurative Arthritis

How long 1 month

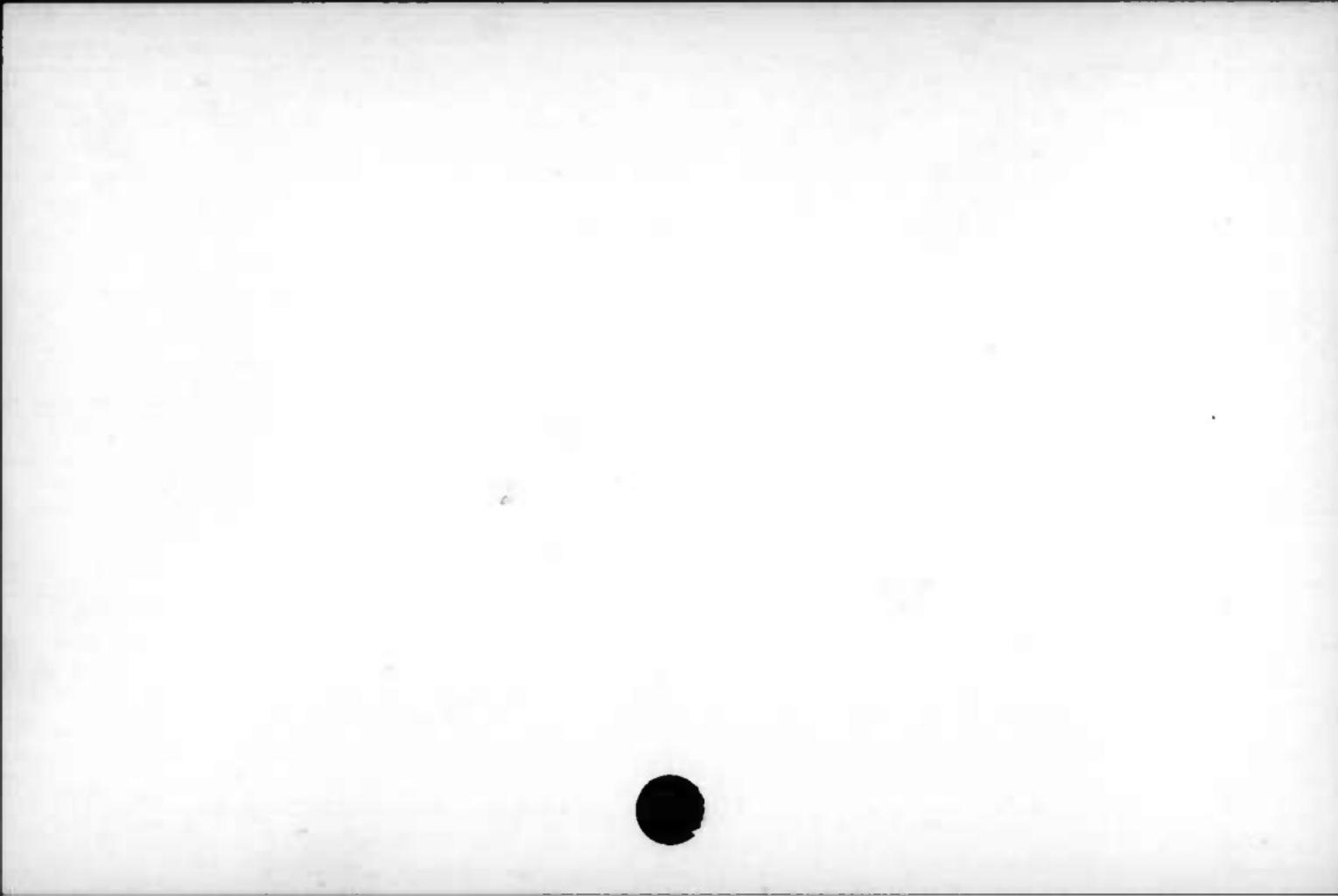
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Little
Huntington
Md.

Accident or Suicide?



Name
in
Full

Forster (m.m.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Willow	Town	County Calvert		MARYLAND	
Date of death 1905 Dec.	Month 28	Day	Years	Months	Days
Sex Female	Color or Race	Negro			
Occupation	Where Residing if not at place of death Willow				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased Grandfather				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

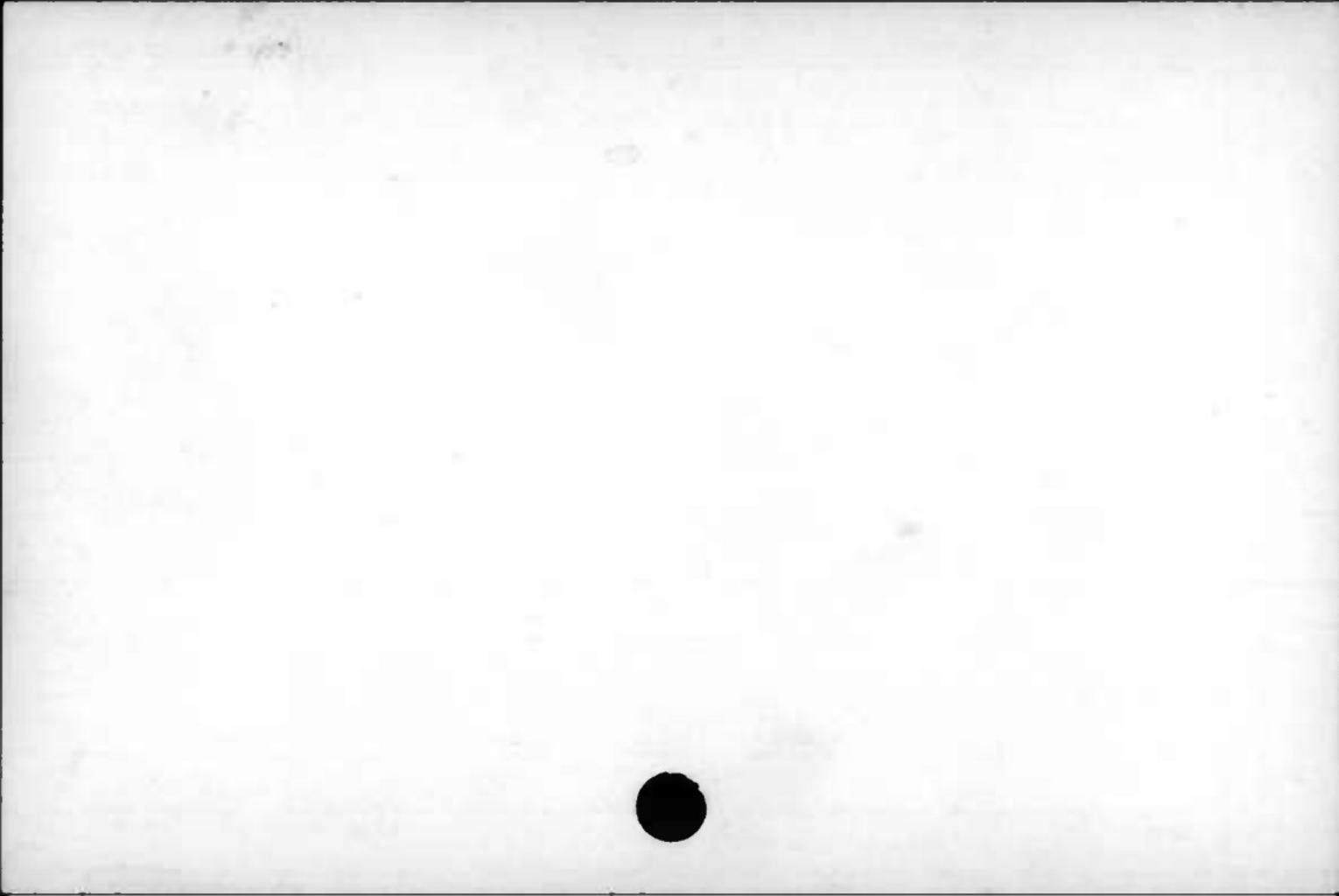
Yes

Signature of Physician

Address

W. H. Palbo M.D.
Willow Md.

Accident or Suicide?



Name
in
Full

Zebulon Greenwood

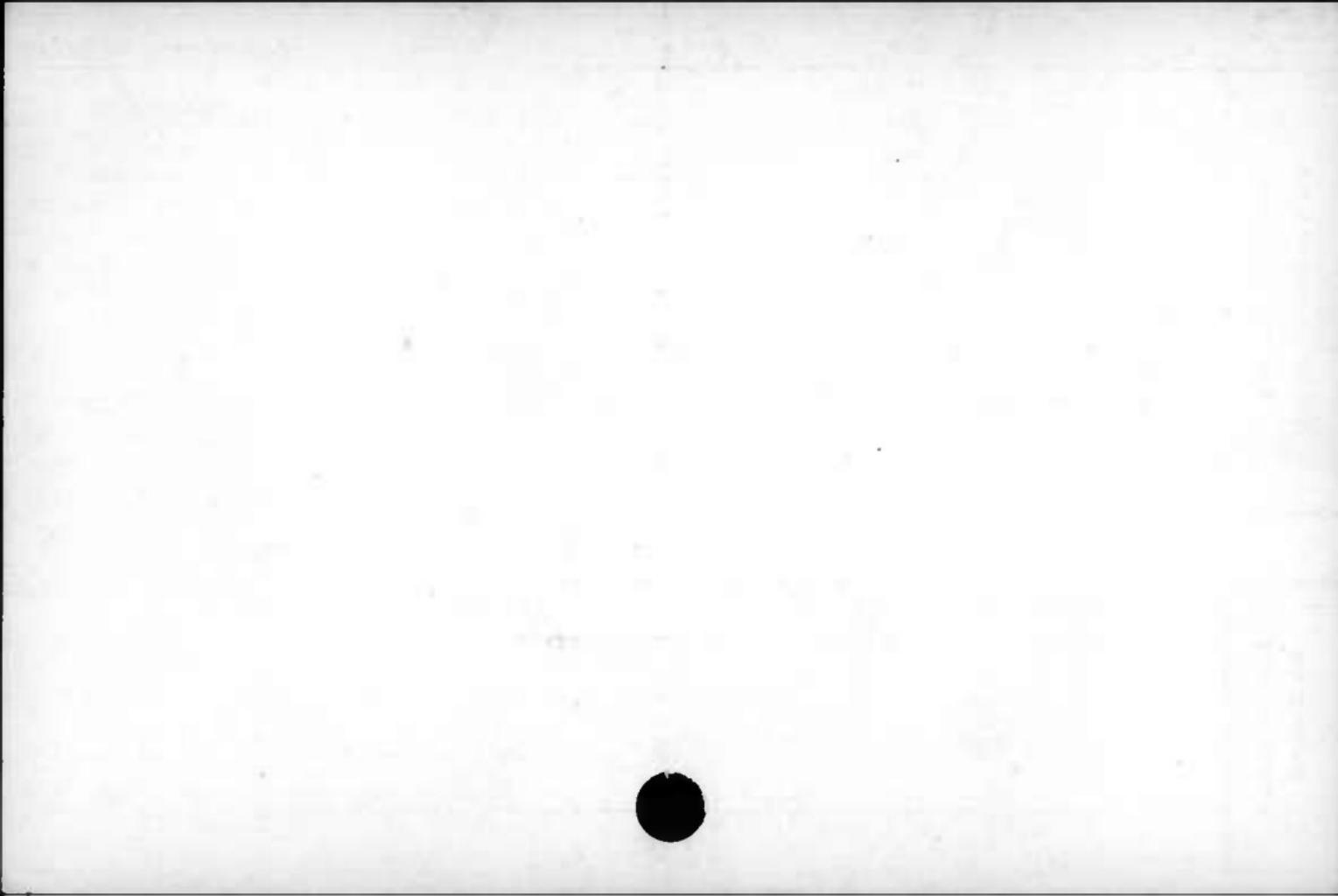
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Sellers</i>	County <i>Baltimore</i>	MARYLAND		
Date of death	1905 Dec	Month Day 6	Years Age 35	Months	Days 5
Sex	Male	Color or Race <i>White</i>	Birth-place		
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband —			
Father's Name	<i>John Greenwood</i>		Father's Birthplace <i>Kent Co, Md</i>		
Mother's Maiden Name	<i>Martha C. Butler</i>		Mother's Birthplace <i>Cecil Co, Md</i>		
Name of person giving information	<i>Eunice E Hungerford</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

Primary	<i>Bronchitis</i>		How long <i>About 12 days</i>
Immediate	<i>Pneumonia</i>		How long <i>About 3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician <i>J. F. Chambers</i>
			Address <i>Lisby, Baltimore Co</i>
Accident or Suicide?			



Name
in
Full

Lanard B. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Calvert	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905 Dec	19	Age		24	
Sex	Color or Race	Caledon		Birth-place	Calvert Co
male				Where Residing if not at place of death	Calvert Co
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John B Jackson			Father's Birthplace	Calvert Co
Mother's Maiden Name	Frances Samuel			Mother's Birthplace	" "
Name of person giving information	John B Jackson			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inositum



How long

24 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Murine Rd

Accident or Suicide?

D Brooks & Bros



Name
in
Full

Thomas R Keen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Huntingtown</u>		Town	County <u>Calvert</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>27</u>	Years <u>62</u>	Age <u>62</u>	Months <u>"</u>	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Philadelphia</u>		
Occupation <u>Fisherman</u>	Where Residing if not at place of death <u>Nora Hooper</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Nora Hooper</u>			Father's Birthplace <u>Philadelphia</u>		
Father's Name <u>Moses Keen</u>				Mother's Birthplace <u>" "</u>		
Mother's Maiden Name <u>Katherine Stark</u>				How related to deceased <u>Brother</u>		
Name of person giving information <u>Albert Keen</u>						

CAUSES OF DEATH

Primary

Carcinoma of Face

How long

10 yrs

Immediate

Exhaustion

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Little
Huntingtown

Md

Accident or Suicide?

2-2



Name
in
Full

Sallie M. Monett
Bunna Vista Calvert

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age 67	Birthplace Calvert Co	
Occupation	Boarding				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	M. Monett				
Mother's Maiden Name	Henrietta Monett				
Name of person giving information	W. W. Bowen				

CAUSES OF DEATH

Primary	Cerebral hemorrhage	How long
Immediate	Paralysis	6 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. J. N. King
		Address Barstow Md
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY NEAREST FRIEND	<i>Joseph Parker</i>				CERTIFICATE OF DEATH	
	Died at <i>Ceciliana</i>	Town	County <i>Calvert</i>	MARYLAND		
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>15</i>	Years <i>42</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Ceciliana</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anna Reed</i>					
Father's Name <i>George Parker</i>	Father's Birthplace <i>Calvert</i>					
Mother's Maiden Name <i>Mary Parker</i>	Mother's Birthplace <i>"</i>					
Name of person giving information <i>W. H. White</i>	How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia (13) 8 days

How long

How long

Immediate

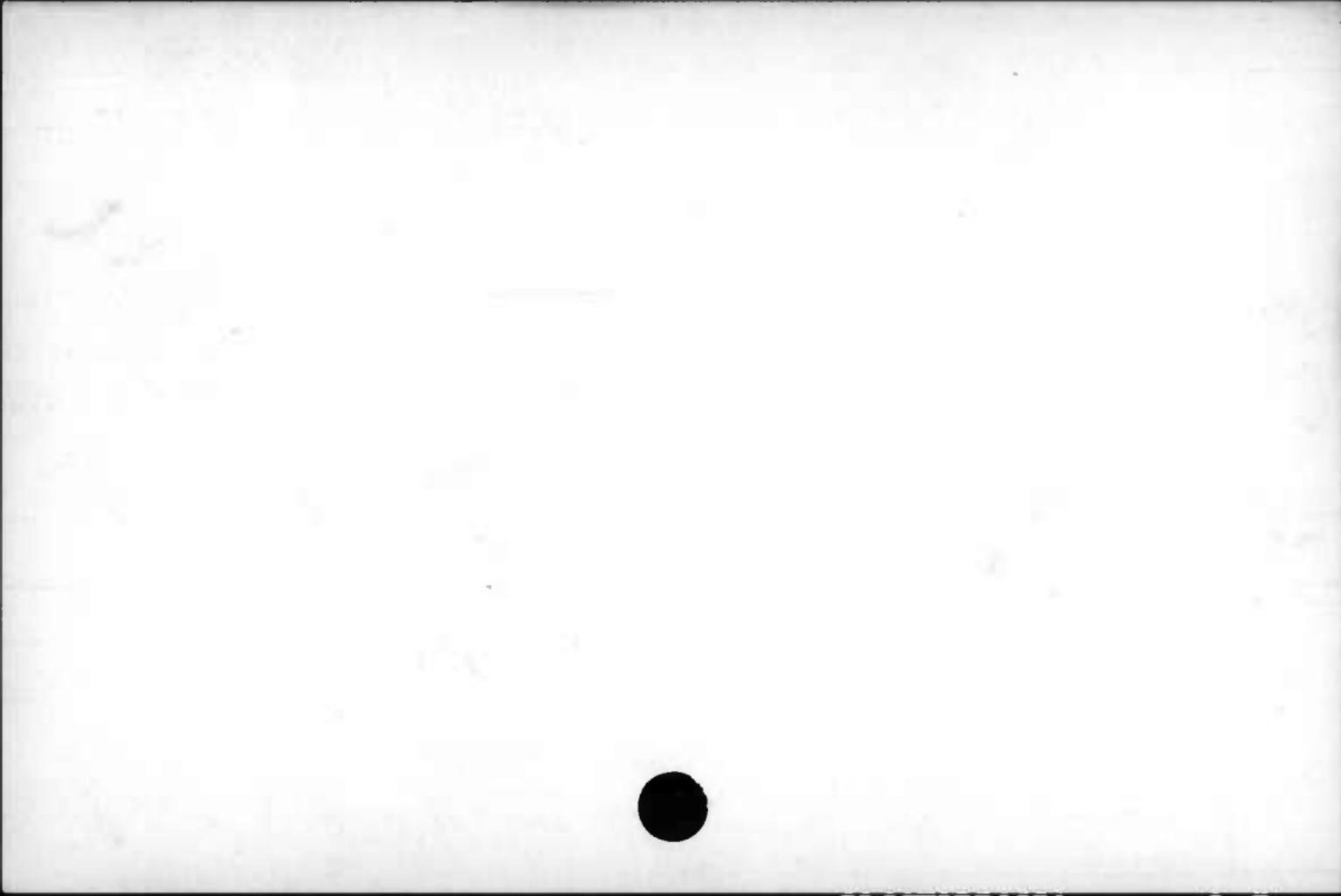
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*E. H. Naggios
Busua Vista
Md.*



Name
in
Full

Lloyd Jackson Railey

CERTIFICATE OF DEATH

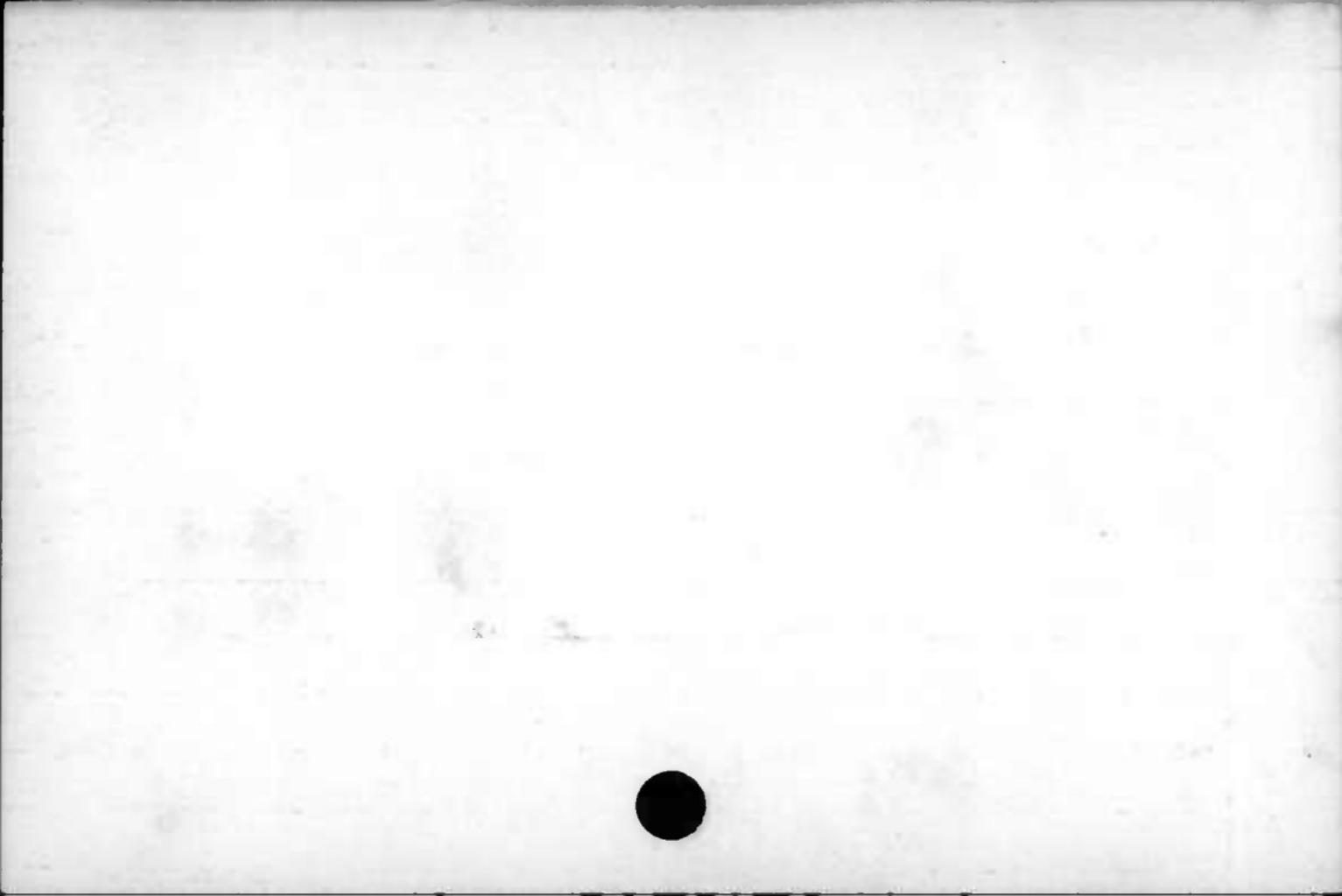
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	John Railey			Father's Birthplace St. Mary's Co., Md.
Mother's Maiden Name	Sarah Elizabeth Marshall			Mother's Birthplace Baltimore, Md.
Name of person giving information	John Railey			How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus, due to impidious feeding	How long 6 months.
Immediate	Diarrhoea	How long 1 week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. W. J. Marsh.
		Address Solomons, Md.
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Mt. Hope</u>			Ray (M. M.)			CERTIFICATE OF DEATH			
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>16</u>	Age	Years	Months	Days	<u>1</u>		
Sex <u>Female</u>	Color or Race	<u>colored</u>			Birth-place	<u>Calvert County</u>			
Occupation	Where Residing if not at place of death								
Married, Single or Widowed	Name of Wife or Husband								
Father's Name	<u>Cornelius Ray</u>						Father's Birthplace	<u>Calvert County</u>	
Mother's Maiden Name	<u>Marie</u>						Mother's Birthplace	' "	
Name of person giving information	<u>George Rice</u>						How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

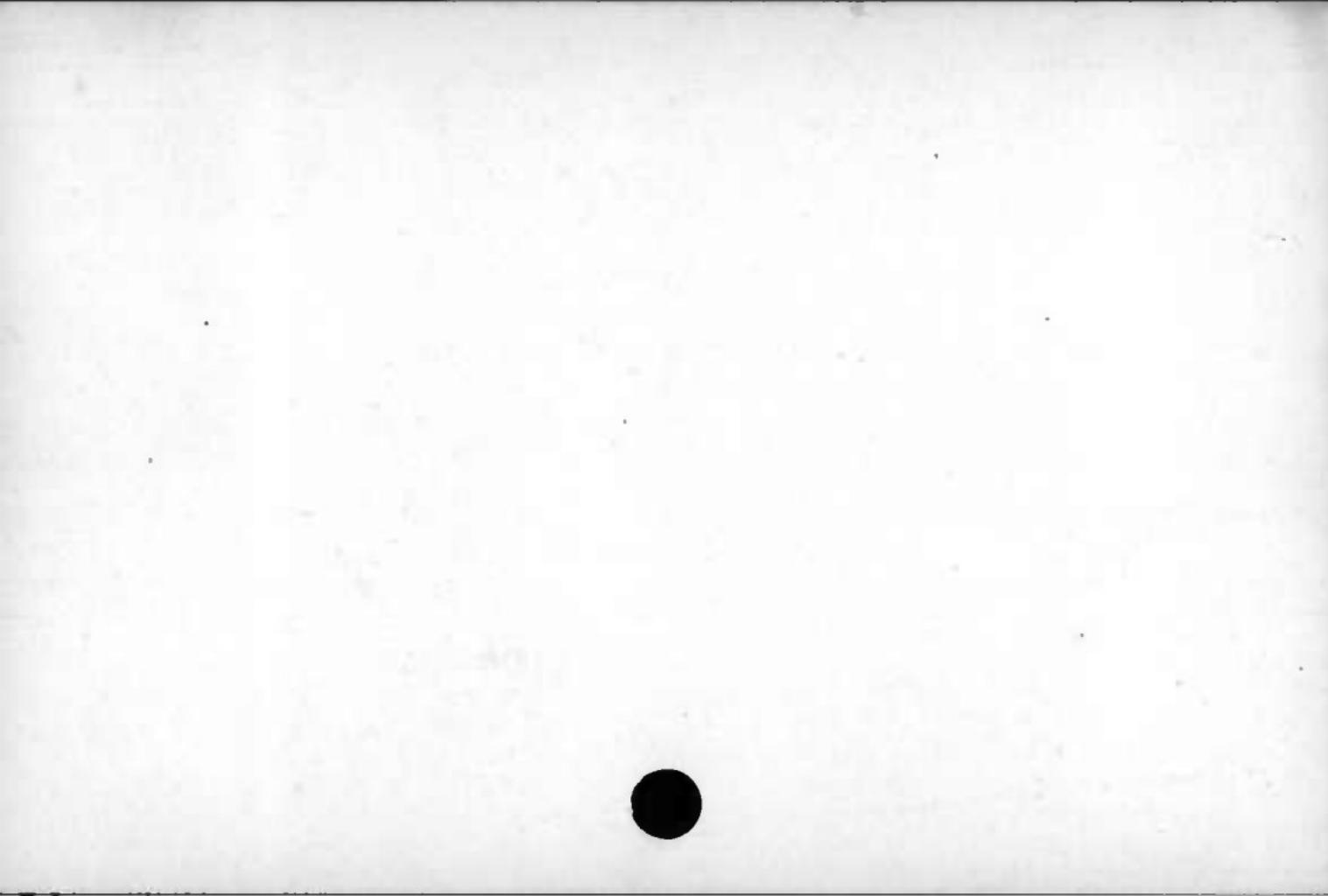
Yes

Signature of Physician

Rebecca Hicks wife
Sunderland Calvert Co Md

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>No Name</i>		Town <i>Reed (N. H.)</i>	County <i>of Calvert</i>	CERTIFICATE OF DEATH		
Date of death <i>1905</i>	Month <i>December</i>	Day <i>17</i>	Years <i>- -</i>	Months <i>-</i>	Days <i>2</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>No Harmony</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>" "</i>					
Married, Single or Widowed <i>- -</i>	Name of Wife or Husband		Father's Name <i>Dennis Reed</i>	Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name			Mother's Birthplace <i>" "</i>	<i>" "</i>		
Name of person giving information <i>Dennis Reed Father</i>	How related to deceased					

CAUSES OF DEATH

Primary

Not Known

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

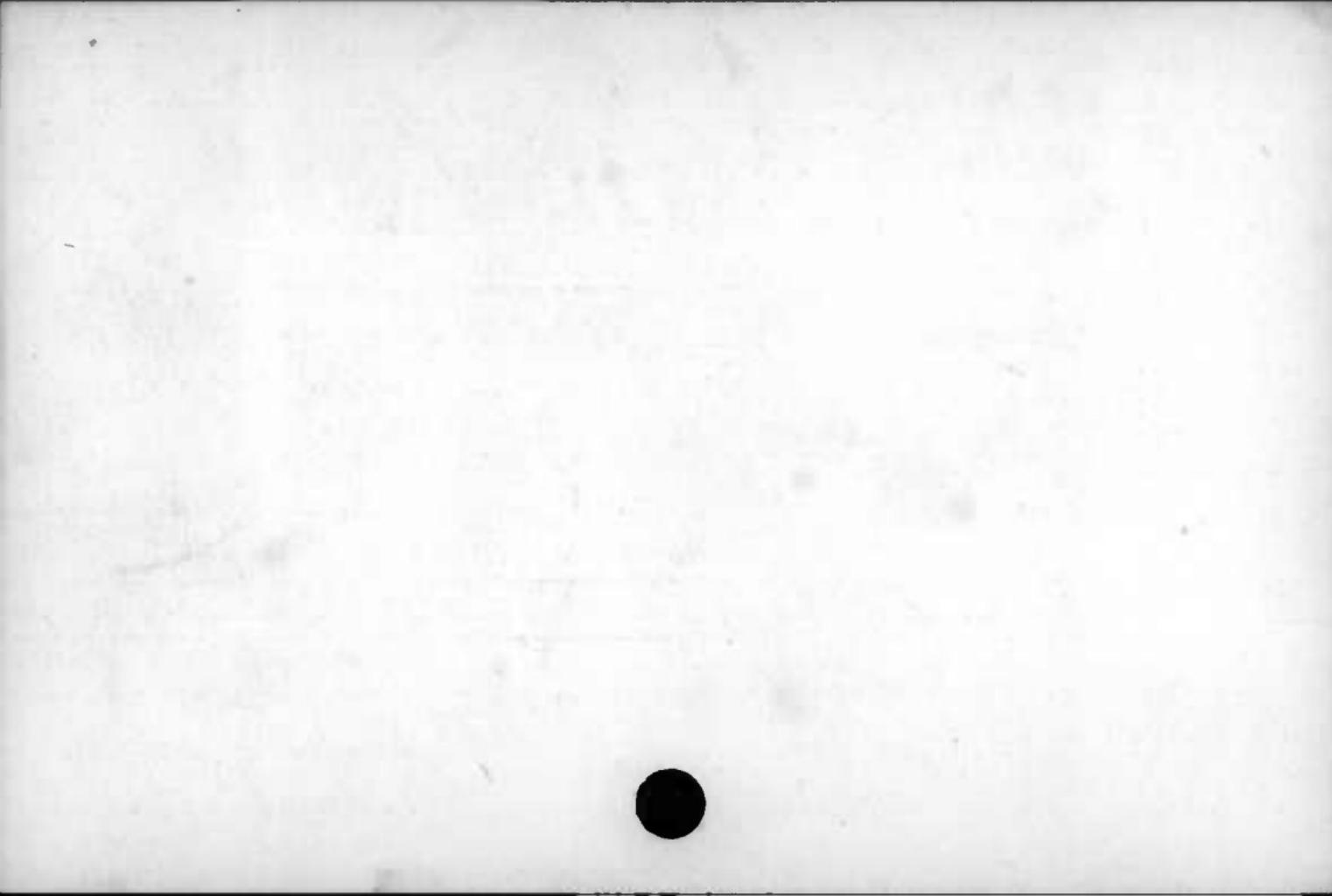
yes

Signature of Physician

*Mary Thomas Madeline
Officer of Ward*

Address

Accident or Suicide?



Name
in
Full

Jane Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	90	11	4
Occupation	Where Residing if not place of death				
Married, Single or Widowed	Name of Wife or Husband	William Reed			
Father's Name	Lewis Reed				
Mother's Maiden Name	Jane Reed				
Name of person giving information	Amy Reed				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long
Immediate	Exhaustion	How long

Are the name,age,sex,color,date and place correctly given above?

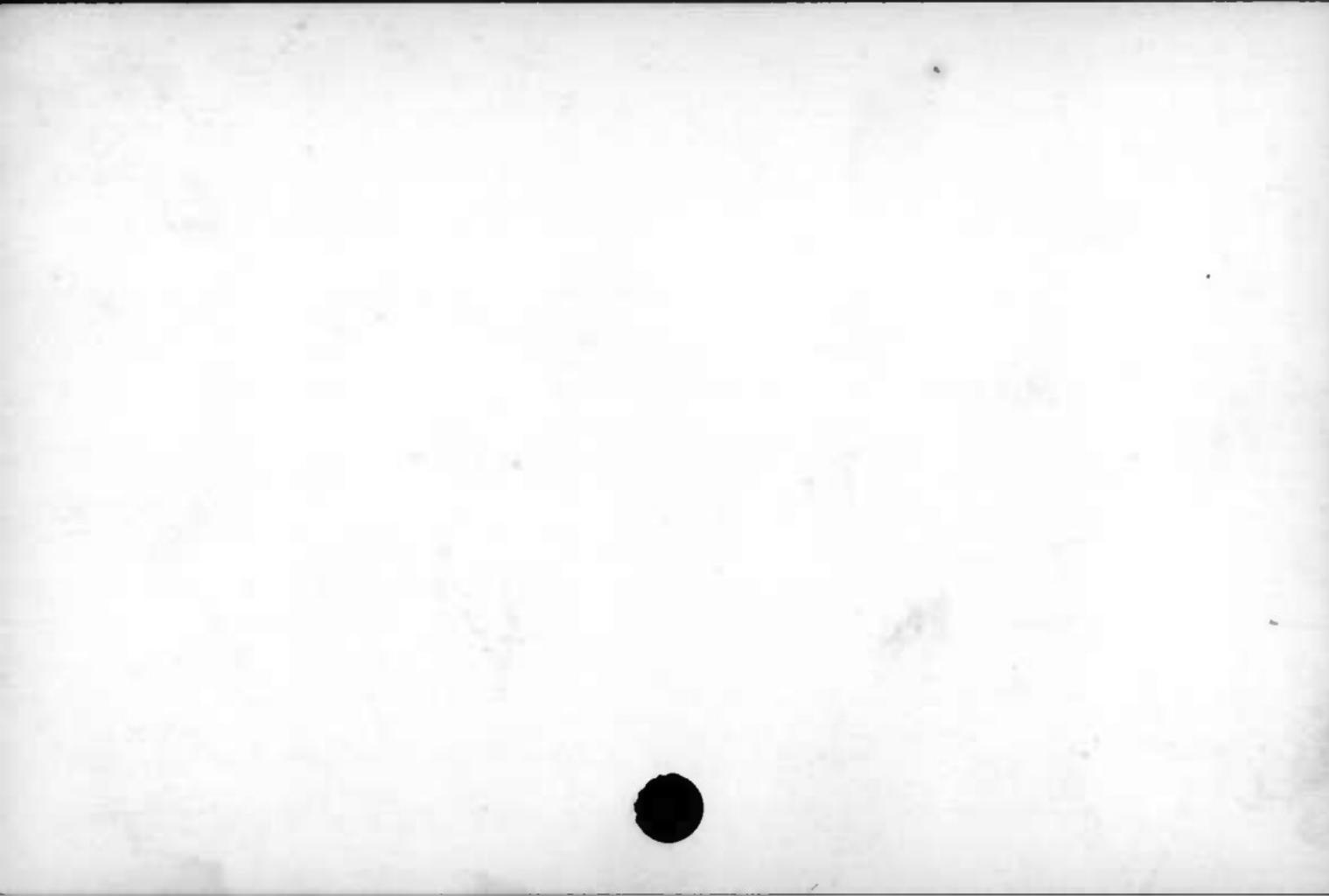
Yes

Signature of Physician

Address

W. M. Chaney
Chaney, Md.

Accident or Suicide?



Name
in
Full

Ridgely Lee Trotter 2/4/19

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Huntington Town		County Calvert		MARYLAND	
Date of death 1905	Month Dec.	Day 5	Years	Months 4	Days 20
Sex Male	Color or Race white	Birth-place Cal. Leo.			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Cal. Leo.
Father's Name Thos. Mason Trotter				Mother's Birthplace	Cal. Leo.
Mother's Maiden Name Florence Lee Gono				How related to deceased	Father
Name of person giving information T. Mason Trotter					

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

whooping Cough

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

